

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re: Derya Olgen  
 Appl. No.: 10/583,393  
 Filed: July 27, 2007  
 For: RADIO DEVICE

Confirmation No.: 8178  
 Group Art Unit: 2618  
 Examiner: Adely Youssef

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Transmitted herewith is an AMENDMENT in the above-identified patent application.

☐ Applicant claims small entity status. See 37 C.F.R. § 1.27.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)	(COL. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	<u>OR</u> RATE	ADDIT. FEE
TOTAL	* 16	** 20	= 0	X 25=	\$	X 50=	\$
INDEP	* 4	*** 3	= 1	X 105=	\$	X 210=	\$ 210
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+185=	\$	+370=	\$
				TOTAL ADD FEE \$		OR TOTAL	\$ 210

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

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- ☒ Additional claim fee of \$210 will be paid at time of e-filing via Deposit Account No. 16-0605.
- ☐ Please charge Deposit Account No. 16-0605 in the amount of \$ .
- ☐ A check in the amount \$ to cover the additional fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiency in payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0605.
- ☒ Any additional filing fees required under 37 C.F.R. § 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,



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